

400927

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No.

5878

Registrar's No.

2242

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location 1030 E. Fillmore
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution None; In Community 66 years; In Arizona 66 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Phoenix
(If outside city limits also write RURAL)
(d) Street No. 1030 E. Fillmore (e) Citizen of foreign country (Yes or No) _____
3. (a) FULL NAME Rachel Emma Berry (b) If veteran name was _____ (c) Social Security No. _____

4. Sex female 5. Race White ☒ Indian ☐ Negro ☐ ☐ Oriental ☐
6. (a) Single, married, widowed or divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased March 11, 1889
(Month) (Day) (Year)
8. AGE: Years 89 Months 8 Days 14 If less than one day
hrs. _____ min. _____

9. Birthplace Ogden, Utah
(City, town or county) (State or Country)

10. Usual Occupation housewife

11. Industry or Business _____

Father { 12. Name Rufus G. Allen
13. Birthplace _____
(City, town or county) (State or Country)

Mother { 14. Maiden Name Levenia H. Yearsley
15. Birthplace _____
(City, town or county) (State or Country)

16. (a) Informant's own signature Jennie B. Palmer
(b) Address 1030 E. Fillmore

17. (a) Burial, Cremation or Removal removal
(b) Place St. John's Ariz. Date 12/3/48
18. (a) Embalmer's Signature L. M. Mortensen
(b) Funeral Director Mortensen Kingsley Mortuary
(c) Address 1020 W. Washington

19. (a) DEC 3 - 1948.
(Date received Local Registrar)
(b) Mrs. Carl S. Hughes
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 25, 1948
TIME (Hour and minute) 9:40 A. M.
21. I hereby certify that I attended the deceased from March 1948
to Nov 25, 1948;
that I last saw her alive on Nov 24, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Vascular - Renal
illness.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within three months of death)

Major findings:
Of operations _____

Of autopsy _____

DURATION

8 wks.

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature C. P. Fabric M.D. M. D.
Address 120-S. 1st Ave Date signed 12-2-48